

MEMPHIS AND SHELBY COUNTY HEALTH DEPARTMENT

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DR. WILLIE W. HERENTON
CITY OF MEMPHIS
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SHELBY COUNTY

MAYOR

February 15, 2005

Dear Healthcare Provider:

There is a community-wide increase in pertussis (whooping cough) cases among residents in Shelby County. This is reflective of a national trend. In the previous 6-month period, 18 suspected cases have been reported to the public health department. We typically expect around 4 to 5 cases per year. Based on this, the Memphis & Shelby County Health Department recommends the following:

- Consider pertussis when evaluating any patient with an acute cough illness especially one characterized by prolonged cough or cough with paroxysms, whoop, or post-tussive gagging/vomiting. Infants may present with apnea and/or cyanosis.
- Report known or suspected cases to the Epidemiology Program so that contacts may be identified and treated with prophylactic medications. During business hours: 901-544-7717. After hours: 800-542-6155.
- Unvaccinated infants may have a marked lymphocytosis indicative of pertussis, but the diagnostic gold standard for pertussis is a positive culture result. The preferred method to obtain a specimen is with a nasopharyngeal aspirate; however, a nasopharyngeal DacronTM swab can also be used. Swabs or aspirate should be placed in Regan Lowe transport media if direct inoculation of selective media is not possible. Use of appropriate specimen collection supplies and transport media are critical in identification of *B. pertussis*. The direct fluorescent antibody (DFA) stain of a nasopharyngeal swab is unreliable so this test is not recommended to confirm pertussis. Serologic tests may be available in some commercial labs, but are often not standardized and can be difficult to interpret. PCR testing is very sensitive and is available to laboratory-confirm pertussis. If you would like to arrange for testing through the Health Department, please contact the Epidemiology Program at 901-544-7717.
- Treatment for pertussis, as well as chemoprophylaxis for exposed persons, consists of 14 days of erythromycin or appropriate courses of other macrolides or trimethoprim-sulfamethoxozole.

Mission

To promote, protect and improve the health and environment of all Shelby County residents.

- Hospitalized patients with known/suspected acute pertussis should be in respiratory isolation (droplet precautions) for at least the first 5 days of antimicrobial treatment. However, patients should be encouraged to refrain from contact outside the household for the first 5 days of antimicrobial treatment. Children should remain out of school or daycare during the first 5 days of treatment.
- Household and close contacts should receive chemoprophylaxis regardless of age and immunization status. Close contacts include those with face-to-face contact or direct contact with respiratory, oral, or nasal secretions. Because the protective efficacy of pertussis immunization wanes after the last vaccine dose, many teenagers and adults are susceptible to pertussis, even if they were immunized in early childhood. Further, exposed medical facility staff who continue to work should be queried daily for at least 21 days after exposure about possible pertussis symptoms acute cough, cough with paroxysms, whoop, or post-tussive gagging/vomiting. Persons with these symptoms should be given leave from work and allowed to return to work when they are well, another diagnosis is established, or they have been on appropriate antimicrobial treatment for ≥5 days.
- Exposed children under the age of 7 who have not completed the four-dose primary immunization series or who have not received a dose of DTaP within three years before exposure should receive prophylactic treatment.

Any questions or concern regarding these recommendations should be directed to the Health Officer, Dr. Helen Morrow, at the Memphis and Shelby County Health Department at 901-544-7583.

Sincerely,

Helen G. Morrow, MD, MPA

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